

ANNUAL REPORT

OF THE

ROYAL EDINBURGH ASYLUM

FOR

THE INSANE.

FOR THE YEAR 1852.

EDINBURGH:

PRINTED AT THE ROYAL ASYLUM PRESS.

1853.



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ROYAL EDINBURGH ASYLM

FOR THE INSANE.

Patroness—The Queen.

OFFICE-BEARERS FOR 1853.

GOVERNOR.

THE DUKE OF BUCCLEUCH AND QUEENSBERRY.

DEPUTY-GOVERNORS.

Sir GEORGE CLERK, Bart.
Sir JOHN S. FORBES, Bart.
LORD MURRAY.

GEORGE FORBES, Esq.
JAMES MACKENZIE, Esq.

EXTRAORDINARY MANAGERS.

Lord Provost of the city of Edinburgh.
Lord President of the Court of Session.
Lord Justice-Clerk of the Court of Justiciary.
Lord Advocate of Scotland.
Solicitor-General of Scotland.
Dean of the Faculty of Advocates.
Deputy Keeper of Her Majesty's Signet.
Members of Parliament for the City.
Member of Parliament for the County.

Sheriff of the County of Edinburgh.
Principal of the University of Edinburgh.
President of the Royal College of Physicians.
President of the Royal College of Surgeons.
Senior Minister of Edinburgh.
Master of the Merchant Company.
Preses of the Society of Solicitors.
Dean of Guild of the City.
Deacon Convener of the Trades.

ORDINARY MANAGERS.

The Lord Provost, (*ex-off.*)
Rev. Dr Clark.
Dr Andrew Thomson.
J. H. Stott, Esq.
Dr Pagan.
Adam Messer, Esq.
Dr Taylor.
G. A. M'Laren, Esq.

James Morgan, Esq.
John A. Mackay, Esq.
George Turnbull, Esq.
H. M. Inglis, Esq.
Alexander Stevenson, Esq.
Alex. Pringle, Esq.
Henry Craigie, Esq.

MEDICAL BOARD.

President of the Royal College of Physicians.
President of the Royal College of Surgeons.

DR GILLESPIE, *Consulting Physician.*

Dr William Pulteney Alison.
Dr John Scott.
James Syme, Esq.

DR SKAE, *Resident Physician.*

DR SHERLOCK and Dr ROWE, *Medical Assistants.*

Miss Macdougall, *Matron.* | Mr J. Smith, *House Superintendent.*

Rev. R. Lorimer, *Chaplain.*

Mr John Scott, W.S., *Secretary and Treasurer.*

R E P O R T
OF THE
ORDINARY MANAGERS
OF THE

ROYAL EDINBURGH ASYLUM FOR THE INSANE.

PRESENTED TO THE ANNUAL GENERAL MEETING, HELD ON MONDAY,
THE 28TH DAY OF FEBRUARY, 1853.

It is now the duty of the Ordinary Managers to present the Annual Report of their proceedings to the second general meeting of the Corporation, held in conformity with the recent Act of Parliament.

The average number of patients in all departments of the Institution, during the year 1852, was 542, being 22 more than in the preceding year.

The amount of ordinary receipts by the Treasurer, during the year was,	£13,811 17 6
And of ordinary Expenditure,	12,793 10 11 $\frac{1}{2}$
Thus leaving a surplus income of	£1018 6 6 $\frac{1}{2}$

With reference to the reductions in the rates of board for patients of the poorer class, which were agreed to last year, the Managers, in conformity with their resolution noticed in last report, again took the matter into consideration in the month of July last, at which time they were of opinion, that having reference to the apparent surplus income of the preceding six months, and the prospective increased price of provisions, it would not be prudent to make any farther reduction at that time; and having again resumed consideration of this subject, the Managers are satisfied that no change ought to be made in the rates for the current year.

The Parochial Board of the city having expressed some dissatisfaction with the resolution of the Managers in last Annual Report, to alter the differential rate of board between privileged and non-privileged patients, a conference took place between a Committee of the Parochial Board and a Committee of the Managers, when full explanations were given regarding the agreement between the Managers and the city. The result of this conference was to satisfy the Committee of the Parochial Board, that the Managers possessed a discretionary power in this matter, and that in reducing the differential board from £5 to £3, they did so on grounds which rendered that measure unavoidable, or at least not injurious to the interests of the City Parochial Board ; and farther that any needless or capricious act of this nature by the Asylum Managers, would form an element in any discussion which might arise before the Sheriff, as to the rate of board proposed to be charged for the city patients.

Considerable additions and improvements in the Asylum buildings, have been made during the past year. These embrace the completion of the Court of Offices behind the Western Department, containing Upholsterers' and Carpenters' Workshops and Storeage, —the entire repainting of the external windows and doors of the whole buildings, and improved accommodation in several portions of both departments, all tending to the increased comfort and convenience of the inmates of the Institution.

Important changes have been effected by the Managers, in the superintendence and internal economy of the Institution, during the past year. Mr Mackay having resigned his office as Visiting Manager in the end of May last, it became necessary for the Managers to consider in what way the objects for which that office had been established, and from which so much benefit had resulted, should be in future provided for ; and it was finally determined, instead of appointing any other individual to this office, to institute a permanent Visiting Committee of the Ordinary Managers, whose duty it should be to visit the Asylum at least once a week, for the purpose of taking cognizance of all matters requiring immediate attention in the different departments of the Institution, and to give

such orders in reference thereto as they might judge right ; and that an honorarium of £110 should be divisible annually among the members of said committee, in proportion to the regularity of their attendance. This arrangement has been in operation since the beginning of August, and the Managers have the satisfaction of reporting that it has already been attended with the most beneficial results. They have no hesitation, therefore, in recommending that it should be continued, and that in arranging the duties of the several committees for the next year, there shall be devolved upon the Visiting Committee, generally, the duties which belonged to Mr Mackay, and to the monthly Visiting Managers, under the former regulations, together with all matters of minor detail regarding the internal economy of the Institution, which have hitherto come under consideration of the House Committee.

Another important change has been a re-adjustment of the relative position and duties of the Resident Physician and the House Steward, by which the former has been relieved of a number of duties connected with the ordinary superintendence of the Institution, which in its present extended state were found very much to interfere with his time, and which appeared to the Managers incompatible with the efficient discharge of his own proper duties as Physician.

It is proper for the Managers here to notice that among other matters relating to the financial affairs of the Institution, they have considered it proper to make an alteration in the former settlement regarding the Treasurer's emoluments, and instead of making these depend upon the fluctuating amount of income, which was not necessarily a measure of the extent of his trouble and responsibility, it was thought preferable to settle them at a fixed annual amount ; and after full consideration, the Managers, upon a report of a committee, assisted by a professional accountant, agreed that in future the Treasurer's emoluments be fixed at £380, inclusive of his clerk's salary, and without any extra allowance for writings.

The Managers have, in conclusion, to refer to the proceedings of the Charity Committee, established under the recent Act of Parlia-

ment, and adverted to in last report. This committee, in whom is now vested, under control of the Managers, the funds declared by the Act of Parliament, to be applicable to charitable purposes, have, during the course of the year, granted relief out of the income of these funds to various parties who were unable to pay the ordinary rates of board,—and the Managers confidently expect that much benefit will hereafter result from this new feature in the constitution of the Asylum. A report from this committee, in the form of an account of charge and discharge of their intromissions, is now submitted along with the accounts of the Treasurer, in the general affairs of the Institution.

The Managers beg to refer to the reports now to be presented by the Physician and Chaplain, for information in regard to all matters falling within their respective departments.

D. M'LAREN,
Chairman.

MINUTE AND REPORT

OF THE

*Charity Committee of Managers of the Royal Edinburgh Asylum,
25th February 1853.*

THE Charity Committee, in presenting their account of intromissions, during the year 1852, in conformity with the recent Act of Parliament, deem it unnecessary to accompany it with any detailed report of their proceedings,—these having necessarily been of very limited extent, and confined entirely to the consideration of the cases of three patients, two of them belonging to the Eastern, and one to the intermediate gallery of the Western Department, to make up whose board to the full amount, contributions were given from the charity funds, as approved of at the time by the Managers. It is probable that the committee will require to make fuller reports of their proceedings during future years, as occasions shall from time to time arise for calling into operation this new feature of the Institution.

S. A. PAGAN.

A B S T R A C T

OF THE

TREASURER'S ACCOUNT FOR THE YEAR 1852.

I. CHARGE.

1. Balance in favor of Institution at 31st December, 1851,	£2124	8	5 $\frac{1}{4}$
2. Arrears at same date,	194	14	8
3. Patients' Boards,	13129	7	2
4. Furnishings made to Patients, &c.,	412	9	2 $\frac{1}{2}$
5. Rents of Land and Cottage,	86	0	0
6. Produce sold,	184	1	1 $\frac{1}{2}$
7. Loans received,	2150	0	0
Amount of charge,	£18281	0	7 $\frac{3}{4}$

II. DISCHARGE.

1. Annual Disbursements for the Institution—

1. Provisions,	£5112	17	10
2. Repairs and furnishings,	3487	11	0
3. Public and Parochial Burdens,	115	16	7
4. Interests,	486	15	7
5. Feu-duty,	386	7	10
6. Water-duty,	50	0	0
7. Insurance against fire,	23	8	0
8. Miscellaneous payments,	188	5	8
	£9851	2	6

Carry forward, £9851 2 6 £18281 0 7 $\frac{3}{4}$

	Amount of Charge brought forward,	£18281 0 7 $\frac{1}{4}$
II. DISCHARGE— <i>Continued.</i>		
Brought forward,	£9851 2 6	
2. Salaries, &c.—		
1. Resident Physician,	£350 0 0	
2. Assistant ditto,	80 0 0	
3. Second Assistant ditto,	33 12 0	
4. Consulting ditto,	25 4 0	
5. Matron,	100 0 0	
6. Chaplain,	80 0 0	
7. House Superintendent,	101 12 9	
8. Gardeners,	100 0 6	
9. Gatekeeper,	30 15 0	
10. Honorarium to Mr Mackay —half year,	52 10 0	
11. Ditto to Visiting Committee,	45 16 6	
12. Treasurer and Secretary,	380 0 0	
And balance of last year,	117 10 0	
13. Attendants, &c.,	1409 7 8 $\frac{1}{2}$	
	£2906 8 5 $\frac{1}{2}$	
Add extra allowance to Resi- dent Physician,	36 0 0	
	2942 8 5 $\frac{1}{2}$	
3. Sum paid to account of new buildings,	400 0 0	
4. Loans paid off,	4250 0 0	
5. Arrears outstanding,	114 17 9	
Amount of Discharge,	17558 8 8 $\frac{1}{2}$	
Balance in favor of Institution at 31st Dec. 1852,	L.722 11 11 $\frac{1}{4}$	

A B S T R A C T

OF THE

ORDINARY INCOME AND EXPENDITURE.

I. INCOME.

1. Board,	£13129 7 2
2. Furnishings to Patients, &c.,	412 9 2 $\frac{1}{2}$
3. Rents,	86 0 0
4. Produce,	184 1 1 $\frac{1}{2}$
Amount of Income,	£13811 17 6

Amount of Income brought forward,	L.13811 17 6
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II. EXPENDITURE.

1. Ordinary—

1. Disbursements and Annual Payments, as before,	L.9851 2 6
2. Salaries,	2942 8 5½
	<hr/> 12793 10 11½

Surplus of Ordinary Income over Ordinary Expenditure, L.1018 6 6½
But from which falls to be deducted,

2. Extraordinary Expenditure, being sum paid Mr Lind to account of new buildings,	400 0 0
Nett surplus of Income over Expenditure,	<hr/> L.618 6 6½

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## STATE OF FUNDS AT 31ST DECEMBER, 1852.

### I. DEBTS.

|                                                                                              |                    |
|----------------------------------------------------------------------------------------------|--------------------|
| 1. Amount of Debts on Promissory Notes, &c. . . . .                                          | L.12250 0 0        |
| 2. Accounts for the Quarter ended, . . . . .                                                 | 2436 8 9           |
| 3. Balance due Mr Lind, . . . . .                                                            | 220 5 0            |
| 4. Outstanding accounts, and proportion of current Feu-duty,<br>Interest, Taxes, &c. . . . . | 350 0 0            |
|                                                                                              | <hr/> L.15256 13 9 |

### II. ASSETS.

|                                                          |                    |
|----------------------------------------------------------|--------------------|
| 1. Balance in favor of Institution, as before, . . . . . | L.722 11 11½       |
| 2. Arrears, . . . . .                                    | 114 17 9           |
| 3. Provisions and Stock on hand, . . . . .               | 686 16 6           |
|                                                          | <hr/> 1524 6 2½    |
| Deficiency, . . . . .                                    | <hr/> L.13732 7 6¾ |

A B S T R A C T  
 OF THE  
 TREASURER'S INTROMISSIONS  
 WITH THE  
 FUNDS OF THE CHARITY COMMITTEE.

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I. CHARGE.

|                                                                           |       |    |        |
|---------------------------------------------------------------------------|-------|----|--------|
| 1. Donations received since 1850, . . . . .                               | L.507 | 0  | 0      |
| 2. Legacies during past year, . . . . .                                   | 1106  | 0  | 6      |
| 3. Interests, . . . . .                                                   | 83    | 16 | 10     |
| 4. Sum received from Asylum, in terms of the Act of Parliament, . . . . . | 319   | 13 | 0      |
| Amount of Charge, . . . . .                                               |       |    | L.2016 |
|                                                                           |       |    | 10 4   |

II. DISCHARGE.

|                                                       |      |    |       |
|-------------------------------------------------------|------|----|-------|
| 1. Sums paid to account of Patients' Board, . . . . . | L.53 | 12 | 9     |
| 2. Sums invested, . . . . .                           | 1650 | 0  | 0     |
| Amount of Discharge, . . . . .                        |      |    | 1703  |
|                                                       |      |    | 12 9  |
| Balance in Treasurer's hands at 31st Dec. 1852,       |      |    | L.312 |
|                                                       |      |    | 17 7  |

# PHYSICIAN'S ANNUAL REPORT

OF THE

ROYAL EDINBURGH ASYLUM FOR THE INSANE,  
FOR THE YEAR 1852.

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READ AT THE ANNUAL MEETING OF THE CONTRIBUTORS, HELD ON THE  
28TH FEBRUARY, 1853.

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THE Institution under your management continues to progress in extent, prosperity, and usefulness. The general history of the objects of its care during the past year is summed up in the following abstract :—

TABLE I.—*General Results of the Year.*

|                                                  | Males. | Females. | TOTAL. |
|--------------------------------------------------|--------|----------|--------|
| Number of inmates at the close of 1851, . . .    | 260    | 256      | 516    |
| Admitted during the year 1852, . . . .           | 129    | 118      | 247    |
| Total number under treatment, . . . .            | 389    | 374      | 763    |
| Discharged, 84 M. 72 F. T. = 156                 |        |          |        |
| Of whom were Cured, . . . . 58 M. 43 F. T. = 101 |        |          |        |
| ... ... Uncured, . . . . 26 M. 29 F. T. = 55     |        |          |        |
| ... Died, . . . . 30 M. 34 F. T. = 64            | 114    | 106      | 220    |
| Total number at the close of 1852, . . . .       | 275    | 268      | 543    |

Average number resident during the year 1852 :—

|        |          |        |
|--------|----------|--------|
| Males. | Females. | Total. |
| 272.2  | 269.9    | 542.1  |

—The number of patients admitted during the year, was 247, being one less than the previous year. The number admitted

would have been greater, but I was compelled to refuse admission to a few from the want of room. The total number under treatment was 763, being considerably more than in any previous year. The average number resident during the year was 542, being 22 more than that of the year preceding. The average number resident has advanced gradually during the last six years from 409 to 542.

General results.

Of the patients removed, 101 were cured, being in the ratio of 40.8 per cent to the number admitted, or 18.6 per cent. to the mean number resident.

The number of patients admitted into the Asylum since it was opened is 2917, and the number removed cured is 1201, being upwards of 41 per cent. of the whole, or 50.6 per cent., deducting those who still remain under treatment.

Fifty-five patients were removed uncured. This number is smaller than in former years. Of these, some were greatly improved, and even in a convalescent state. Others were removed by their friends in the belief that they were so helpless and harmless as to be manageable at home; and others, and these formed the largest number, were removed to workhouses as incurable, but peaceable imbeciles. Several of those patients had spent a good many years in the Asylum, as will be seen from the following table.

TABLE II.—*Period of Residence of those Uncured at their Removal.*

|                |   |   | Males. | Females. | TOTAL. |
|----------------|---|---|--------|----------|--------|
| Under 1 month, | . | . | 2      | 0        | 2      |
| ” 2 ”          | . | . | 1      | 1        | 2      |
| ” 3 ”          | . | . | 3      | 5        | 8      |
| ” 4 ”          | . | . | 2      | 1        | 3      |
| ” 6 ”          | . | . | 3      | 2        | 5      |
| ” 1 year,      | . | . | 8      | 4        | 12     |
| ” 2 ”          | . | . | 5      | 6        | 11     |
| ” 3 ”          | . | . | 0      | 4        | 4      |
| ” 4 ”          | . | . | 0      | 3        | 3      |
| ” 5 ”          | . | . | 2      | 1        | 3      |
| ” 10 ”         | . | . | 0      | 2        | 2      |
| TOTAL,         | . | . | 26     | 29       | 55     |

Sixty-four patients were removed by death, being a greater mortality than that of the preceding year, but less than that of the four years preceding it. The deaths were in the ratio of 11.8 per cent. to the mean population of the Asylum, or 8.3 to the entire number treated during the year.

The entire number removed cured, uncured, and dead, amounts Incurables. to 220, and as the admissions were 247, we have thus an increase at the close of the year of the entire number by 27, the total number being 543. Thus it has been each successive year since the pauper department of the Asylum was opened, there has been a gradual accumulation of uncured and incurable inmates. Since the last addition was made to the Asylum buildings, which enabled it to increase its numbers from 420 to 540, it has not only been filled but has gradually by this process of accumulation acquired its average complement of incurables, and I am now again compelled to refuse admission to an occasional and increasing number of applications. If this accumulation of incurable patients goes on, it must lead ere long to the refusal even of very urgent and curable cases. As the Asylum is bound to receive all the pauper lunatics of Edinburgh, Leith, and other districts, and as even the neighbouring counties for whose lunatics it has been always thought this Asylum was designed to provide accommodation, have very strong claims, particularly in those cases where parishes have purchased rights of presentation, it is difficult to see how this result is to be prevented, except by the extension and completion of the Asylum according to its original design. The present incomplete state of the building, affords another and very urgent argument for this step, if it can possibly be adopted, because, in consequence of the buildings having been left off at their present stage, one part of the house is disproportionate to the other, the proper classification of the Patients is interfered with, and while the wards for the refractory and imbecile are overcrowded, those for the more manageable patients are often not filled.

One source of partial relief for the evil complained of has been, as I have observed, the removal of some of the harmless imbeciles to workhouses. It may perhaps be suggested that, by providing more extensive and suitable accommodation in the various work-

Provision for  
Incurables in  
Workhouses,  
etc.

houses for incurables, this source of relief may be increased, and a larger proportion of them may, from time to time, be drafted into the workhouse, where they could be kept at much less expense to the community. Another source of relief may be referred to, viz:— the propriety of building, in connexion with the Asylum, a house for such patients, where, by having a less expensive building and cheaper arrangements, such patients could be kept at a less cost. This plan was suggested in your Annual Report for the year 1845.

As this subject is one of much public interest both in connection with the workhouses at present in course of erection in various parts of the country, and in connection with the steps you may resolve upon in reference to the extension of the Asylum, I take this opportunity of respectfully offering one or two considerations regarding it to your judgement.

It appears to me that the number of pauper lunatics who could with propriety be removed to a workhouse, even with improved accommodation for their special use, or to a building such as that referred to, is much smaller than at first might be imagined. It seems to be a principle generally and generously acknowledged by this community at large, that pauper *lunatics* should receive, not only as a means of *cure*, but as a source of happiness and alleviation, even when a cure is hopeless, a generous diet, cheerful and healthy occupation, and such means of relaxation and enjoyment as their condition permits. Workhouses are test-houses of poverty, where, on principle, nothing is offered to conduce to happiness and contentment, but everything to induce the inmates to seek, if possible, other means of support, and greater sources of happiness. To condemn a lunatic, capable of enjoyment, able and willing to work, but rendered incapable of taking care of himself by *disease*, to such a residence, would be adding man's punishment to God's visitation, and would be repugnant, I think, to the common philanthropy of the age in which we live. In this view of the case, the only lunatics we would be warranted in sending to a workhouse, are those harmless imbeciles who are incapable of appreciating the various sources of enjoyment, or benefiting by the various means of occupation afforded in a well-regulated Asylum.

Another, and an equally important consideration in regard to in-

curables and imbeciles is this, that they actually require for their *proper management* a larger amount of care and attention than less hopeless cases ; some of them are dirty in their habits, but capable, by constant attention, and the discipline of responsible and experienced nurses, of being taught and drilled into habits of cleanliness,—most of them are destructive, idle, and slovenly, but capable, by the same means, of being taught habits of industry and tidiness,—all of them, I may venture to say, are debilitated in bodily health, and require a generous diet, and in many instances tonics and stimulants, to keep up such a standard of health, as is conducive to the exercise of partial intelligence, the partial enjoyment of life and habits of industry and cleanliness. I think it almost unnecessary to add, that if these objects can be attained by the resources of an Asylum, the public feeling would bear me out in saying, that none but incurable and hopeless imbeciles, incapable of enjoyment or improvement either in body or mind, should be deprived of the advantages an Asylum affords.

Ample proof is afforded every year of the truth of these remarks, by the experience of the Asylum. During the last year alone, nine inmates who had been removed to the workhouse were returned to the Asylum in a greatly deteriorated state. All of them had fallen off much in bodily strength, and were more or less reduced in flesh. The frequency of the epileptic fits in five of them, who were epileptics, had greatly increased, but again rapidly diminished, as the patients gained flesh and strength after their return to the Asylum.

Another consideration offers itself, a large proportion of the hopelessly imbecile, although generally quiet and harmless, are subject to occasional paroxysms of irritability, excitement, and even violence. When such paroxysms take place in a private house, or in a public hospital, without an efficient and responsible set of educated attendants, or in a workhouse, where the only attendants are irresponsible old female paupers, receiving a little extra tea for their services, and who have nothing to lose, by any dereliction of duty, but this tea, and who have neither intelligence nor education to guide them, nor any enlightened superintendent to direct and control them, what can be anticipated but that unnecessary harshness and restraint must be had recourse to ?

My conviction is, if these contingent evils are honestly sought

to be obviated, it will be found that to provide properly for any class of pauper lunatics than those who are uniformly quiet, cleanly, imbecile and harmless, in a workhouse, the expense of their maintenance will fully equal that of their board in a well regulated Asylum for the insane.

This conclusion must appear the more inevitable, when it is taken into account that the expense for board must be much greater where there is a small number to provide for than where there is a large number, for whom the same surveillance, and the same means of recreation, and employment, and discipline may suffice.

I shall conclude these remarks, by citing the opinion of Dr Conolly on this subject, as given in his admirable work on the constitution and government of lunatic asylums. I believe there is no one whose opinion on such a point should have greater weight, both from the acknowledged humanity and benevolence of his character, and the vast experience which he has had.

"It most unfortunately happens," he says, "that the Commissioners have adopted an opinion that it is practicable and safe to provide for chronic cases, or for incurable lunatics, at much less expense than for recent and curable cases. This conclusion may at first sight appear reasonable to those not familiar with the insane, but I believe that by all who have lived in asylums it will be pronounced to be fallacious, and not unattended with danger. The views of the Commissioners in this and other respects, have already led to the suspension of what appeared to me to be the best plans ever proposed for asylums, and will, I fear, lead to the committing of great errors in several which are in preparation. These consequences, and the sanction given to attach lunatic asylums to workhouses, will do far to undo the good which has been slowly, and with much difficulty effected, since the Parliamentary Inquiry into the state of Asylums in 1815.

"Not to dwell on the impracticability of the absolute division of the incurable from the curable patients in any asylum, or on the cruelty of condemning the incurable to what would appear to them to be a hopeless prison, or on the possibility of sometimes including curable patients in this condemnation; I cannot but remark, that, in expressing the opinion which I have quoted, the Commissioners in Lunacy seem to have forgotten that a large proportion of the incurable among the insane are even more sensible to all surrounding circumstances, than the curable who are labouring under a recent attack; that the whole character of the life of such incurable patients depends on the manner in which they are treated and taken care of; that some of them well know the Asylum to be their permanent home; and that most of them, so far from requiring fewer, actually require more means of occupation, more space for exercise, greater opportunities of recreation than

the curable, and a greater variety of comfortable arrangements to reconcile them to their situation, and to maintain that habitual content and tranquility which distinguish a well-regulated asylum from a miserable madhouse.

“ It must also have been entirely forgotten that many of the incurable are paralysed and feeble, yet occasionally delirious ; that many are epileptic, and occasionally furious ; and that among those who are neither paralysed nor epileptic, and who are generally tranquil and inoffensive, many are yet liable several times in every year, to attacks of recurrent mania or melancholia, of which the symptoms do not differ in any respect from those in recent and curable cases, and render all the requirements of treatment, and all provisions for superintendence, and all precautions for safety, as indispensable as in an asylum containing recent and curable cases alone.”

“ Lastly, and more than all, it seems to be forgotten by those who altogether object to County Lunatic Asylums, on account of their expense, either for the incurable or the curable among the insane poor, that those afflicted persons have the double claim upon society, arising from poverty and from malady ; and that the benevolent consideration so cheerfully given, in all Christian countries, to the sick poor who are not insane, ought at least to be as freely extended to those labouring under sickness and infirmity of mind ; many of whom, if placed in circumstances favourable to recovery, may be restored to mental health, and to usefulness, and all of whom may be improved to a certain extent by proper care.” \*

The following table exhibits the ages of those admitted, and of those discharged cured. It also shews the per-cent-age of cures at different ages ; illustrating, as in former tables of the same kind, the greater curability of the disease in early life.

TABLE III.—*Ages of those Admitted and those Discharged Recovered.*

| AGE.           | ADMITTED. |          |         | DISCHARGED CURED. |          |        | PER<br>CENTAGE<br>OF CURED. |
|----------------|-----------|----------|---------|-------------------|----------|--------|-----------------------------|
|                | Males.    | Females. | TOTALS. | Males.            | Females. | TOTAL. |                             |
| From 10 to 20, | 4         | 2        | 6       | 2                 | 3        | 5      | 83.3                        |
| “ 20 to 30,    | 37        | 22       | 59      | 17                | 11       | 28     | 46.4                        |
| “ 30 to 40,    | 36        | 40       | 76      | 13                | 10       | 23     | 30.3                        |
| “ 40 to 50,    | 28        | 23       | 51      | 15                | 8        | 23     | 45.0                        |
| “ 50 to 60,    | 15        | 21       | 36      | 5                 | 9        | 14     | 38.8                        |
| “ 60 to 70,    | 4         | 7        | 11      | 3                 | 2        | 5      | 45.4                        |
| “ 70 to 80,    | 4         | 3        | 7       | 2                 | 0        | 2      | 28.5                        |
| “ 80 to 90,    | 1         | 0        | 1       | 1                 | 0        | 1      |                             |
| TOTALS,        | 129       | 118      | 247     | 58                | 43       | 101    | 40.8                        |

\* On the Construction and Government of Lunatic Asylums. By Dr Conolly. P. 4-5.

The last case entered in the preceding table, that of a male upwards of 80 years of age, although discharged well, can scarcely be regarded as a cure. He has had upwards of 15 distinct attacks of mania during his lifetime, and although these have occurred at irregular and sometimes protracted intervals, his is to be considered as a case of recurrent-mania, and probably he will continue, at progressively diminishing intervals, to suffer from such attacks.

The next table contains the admissions of the past year, arranged according to the form of insanity under which they laboured.

TABLE IV.—*Form of Disease in those Admitted.*

| FORM OF DISEASE.                 | Males. | Females. | TOTAL. |
|----------------------------------|--------|----------|--------|
| General Paralysis, . . . . .     | 6      | 0        | 6      |
| Moral Insanity, . . . . .        | 13     | 6        | 19     |
| Mania, Acute, . . . . .          | 19     | 27       | 46     |
| " Chronic, . . . . .             | 1      | 4        | 5      |
| " with Epilepsy, . . . . .       | 4      | 1        | 5      |
| " Periodic, . . . . .            | 0      | 1        | 1      |
| " Puerperal, . . . . .           | 0      | 4        | 4      |
| Dementia, . . . . .              | 31     | 31       | 62     |
| " Acute, . . . . .               | 7      | 7        | 14     |
| " Senile, . . . . .              | 1      | 2        | 3      |
| " with Epilepsy, . . . . .       | 7      | 1        | 8      |
| Melancholia, . . . . .           | 13     | 11       | 24     |
| Monomania of Fear, . . . . .     | 5      | 6        | 11     |
| " Suspicion, . . . . .           | 9      | 8        | 17     |
| " Superstition, . . . . .        | 3      | 0        | 3      |
| " Pride, . . . . .               | 5      | 4        | 9      |
| Demonomania, . . . . .           | 0      | 1        | 1      |
| Delirium Tremens, . . . . .      | 3      | 0        | 3      |
| Congenital Imbecility, . . . . . | 1      | 4        | 5      |
| " " with Epilepsy, . . . . .     | 1      | 0        | 1      |
| TOTAL, . . . . .                 | 129    | 118      | 247    |

There has been a diminution in the number of cases of General Paralysis admitted, but an increase in the proportion of other incurable forms, such as Congenital Imbecility and Epilepsy; and an increase also in the proportion of unfavourable forms of disease, such as Dementia, while the number of cases of Acute Mania, the most curable kind of insanity, is considerably less than in previous years. This will explain the difference in the results exhibited in Table I. from those shewn in the corresponding records of former Reports.

Of the cases of Moral Insanity admitted during the year, of which there is a much larger number than at any former period, most were characterised chiefly by an incontrollable craving for ardent spirits. Such cases are generally very perplexing in their management, and distressing in their results. It is not always easy to determine where the line of demarcation between sanity and insanity in such cases lies; or, in other words, to say when the individual has lost self-control, has acquired a morbid and incontrollable appetite, and drinks because he is insane, and cannot help it. It is still more difficult to determine when he has recovered his self-control, and is capable of self-government. It generally happens that the importunities of the patient himself, the unsettled state of the law regarding such cases, and more particularly, the unsettled and varied opinions of medical men as to them, result in the liberation of the individual long before the cravings of a morbid appetite have disappeared, or at least before habits of temperance have made self-control easy. The result is, that a relapse, in which the last state is worse than the first, almost certainly ensues. There are cases where the morbid craving for stimulants has been of very recent origin, and only one of many other symptoms of derangement, in which a brief residence may effect a cure, and this symptom disappear entirely and permanently along with the others. But it appears to me that the period of probation in most cases of moral insanity of this kind, particularly when the loss of self-control has supervened upon protracted habits of free living, should be much longer than is generally allowed, and that a gradual extension of the liberties of the individual should be permitted, so as to test his self-control, and increase his self-reliance, and that in this way a much larger number of cures would be effected. One such case was dismissed from the Asylum in 1851, after a few months residence, he immediately relapsed, and became violent and dangerous. He was brought back to the Asylum, and after residing in it upwards of a year, he left well, and has continued well up to the present time.

The following table shews that the number of suicidal attempts made and threatened by the patients previous to admission, had been greater than in any preceding year.

TABLE V.—*Illustrative of Suicidal Tendency in those Admitted.*

|                                                             |   | Males. | Females. | TOTAL. |
|-------------------------------------------------------------|---|--------|----------|--------|
| Have attempted Suicide,                                     | . | 13     | 22       | 35     |
| Have meditated Suicide,                                     | . | 16     | 15       | 31     |
| Total,                                                      | . | 29     | 37       | 66     |
| <i>Form of Insanity during which Suicide was attempted—</i> |   |        |          |        |
| Acute Mania,                                                | . | 0      | 7        | 7      |
| Puerperal do.                                               | . | 0      | 2        | 2      |
| Moral Insanity,                                             | . | 2      | 2        | 4      |
| Dementia,                                                   | . | 4      | 3        | 7      |
| Do. with General Paralysis,                                 | . | 1      | 1        | 2      |
| Melancholia,                                                | . | 2      | 5        | 7      |
| Monomania of Fear,                                          | . | 1      | 1        | 2      |
| Do. Suspicion,                                              | . | 2      | 1        | 3      |
| Do. Superstition,                                           | . | 1      | 0        | 1      |
| Total,                                                      | . | 13     | 22       | 35     |
| <i>Form of Insanity during which Suicide was meditated—</i> |   |        |          |        |
| Acute Mania,                                                | . | 3      | 5        | 8      |
| Chronic do.,                                                | . | 1      | 0        | 1      |
| Moral Insanity,                                             | . | 1      | 2        | 3      |
| Dementia,                                                   | . | 1      | 4        | 5      |
| Do. Senile,                                                 | . | 1      | 0        | 1      |
| Do. with Epilepsy,                                          | . | 2      | 0        | 2      |
| Melancholia,                                                | . | 4      | 1        | 5      |
| Monomania of Fear,                                          | . | 2      | 2        | 4      |
| Do. Suspicion,                                              | . | 0      | 1        | 1      |
| Do. Superstition,                                           | . | 1      | 0        | 1      |
| Total,                                                      | . | 16     | 15       | 31     |
| <i>Means used in attempts made—</i>                         |   |        |          |        |
| Precipitation,                                              | . | 4      | 9        | 13     |
| Suspension,                                                 | . | 0      | 3        | 3      |
| Strangulation,                                              | . | 4      | 2        | 6      |
| Choking,                                                    | . | 0      | 2        | 2      |
| Cutting Throat,                                             | . | 1      | 7        | 8      |
| Poison,                                                     | . | 2      | 3        | 5      |
| Drowning,                                                   | . | 1      | 2        | 3      |
| Stabbing,                                                   | . | 2      | 1        | 3      |
| Mutilation,                                                 | . | 0      | 3        | 3      |
| Unknown,                                                    | . | 2      | 1        | 3      |
| Total,                                                      | . | 16     | 33       | 49     |

As appears from the latter part of the table, several of the patients had attempted suicide in more ways than one.

The thirst for self-destruction in some instances disappeared immediately after admission ; being removed, apparently, by the sense of security and protection, very often experienced by patients when they find themselves in the Asylum. In others, however, it continued unabated, and repeated stratagems were had recourse to, and repeated attempts were made in order to effect their purpose, and in some instances these were persevered in for several months, but fortunately without any accident occurring from this cause during the year.

The next table exhibits the causes of insanity in those admitted during the year.

TABLE VI.—*Causes of Disease in those Admitted.*

| CAUSE OF DISEASE.                           | Males. | Females. | TOTAL. |
|---------------------------------------------|--------|----------|--------|
| Anxiety, . . . . .                          | 7      | 5        | 12     |
| Terror, . . . . .                           | 1      | 3        | 4      |
| Grief, . . . . .                            | 3      | 13       | 16     |
| Chagrin, . . . . .                          | 0      | 2        | 2      |
| Disappointed Affection, . . . . .           | 2      | 7        | 9      |
| Reverses of Fortune, . . . . .              | 6      | 2        | 8      |
| Domestic Troubles, . . . . .                | 4      | 9        | 13     |
| Mental Excitement, . . . . .                | 5      | 1        | 6      |
| Seduction, . . . . .                        | 0      | 4        | 4      |
| Intemperance, . . . . .                     | 34     | 16       | 50     |
| Paralysis, . . . . .                        | 0      | 1        | 1      |
| Epilepsy, . . . . .                         | 7      | 0        | 7      |
| Injury of Head, . . . . .                   | 5      | 1        | 6      |
| Child Bearing, . . . . .                    | 0      | 8        | 8      |
| Amenorrhœa, . . . . .                       | 0      | 1        | 1      |
| Fever, . . . . .                            | 0      | 2        | 2      |
| Bad Health, . . . . .                       | 3      | 8        | 11     |
| Burn, . . . . .                             | 0      | 1        | 1      |
| Imprisonment, . . . . .                     | 1      | 0        | 1      |
| Healing of an Old Sore, . . . . .           | 1      | 1        | 2      |
| Poverty and Want, . . . . .                 | 2      | 4        | 6      |
| Fanaticism, . . . . .                       | 3      | 5        | 8      |
| Loss of Blood after an Operation, . . . . . | 1      | 0        | 1      |
| Coup de Soleil, . . . . .                   | 1      | 0        | 1      |
| Unknown, . . . . .                          | 43     | 24       | 67     |
| TOTAL, . . . . .                            | 129    | 118      | 247    |

## Causes.

The same tale is repeated as in former years regarding intemperance being the most fertile source of mental derangement. It was the cause ascribed in 20 per cent. of the entire cases admitted, and deducting females, in upwards of 26 per cent. of the males. The causes next in frequency were griefs, domestic troubles, and anxiety of mind. Bad health was the sole cause which could be discovered in 11 cases ; but, doubtless, in a large proportion of the whole cases it was a predisposing one. In four instances, insanity was caused by seduction and subsequent desertion. In one of these the cause appears to have acted as a predisposing one, or the insanity must have been latent for an entire year. The object of this young woman's attachment died ; and after twelve months of grief, during which she remained sane, her insanity was suddenly developed by a quarrel with another female. The object of her former love was now the prominent and engrossing subject of her thoughts and delusions. She imagined he was alive, and continually spoke to him in terms of passionate affection.

In two cases ascribed to blows on the head, the insanity was developed ten and twelve years subsequent to the injuries being received, without any other assignable cause. Both these cases died during the past year, and in both great thickening of the bones of the head, and thickening and opacity of the membranes beneath them, were discovered at the seat of the injuries.

One of the cases ascribed to terror was suddenly occasioned in a mother, by seeing her child close to the mouth of a coal pit, into which it was in imminent danger of falling. In another of the same cases, the disease, which is now in the form of imbecility, was ascribed to the terror occasioned by being in a thoughtless frolic held over a bridge when only five years of age.

Tables of causes such as the preceding are confessedly only approximations to truth. The cause assigned is most frequently the exciting cause only, and it not unfrequently happens that it bears but an insignificant relation to the more important predisposing one. Hereditary taint, scrofulous constitution, protracted habits of seclusion, or of intemperance or some other vice, may have brought the individual to the verge of insanity, when some violent emotion, or inordinate mental effort, or some unusual debauch, or unforeseen

calamity, which, in other circumstances, would have passed him over unharmed, suddenly breaks down his self-control, and all the pent up vagaries of an ill-regulated and unhealthy fancy enjoy a burst of unbridled freedom in a paroxysm of madness. In such cases it is the violent emotion, or debauch, or sudden calamity, which is the cause commonly tabulated.

An investigation into the causes of insanity is becoming one of increasing importance and interest, as the burden of supporting the pauper lunatics of the country has been felt, under recent legislation regarding them, to be a very serious, and apparently a rapidly increasing tax on the community. It is a prevalent opinion that insanity has increased very much of late years in this country and other parts of Christendom.

Some writers have attempted to account for this increase of insanity, by referring it to those moral and mental causes which are connected with a highly advanced civilization. An American writer of acknowledged eminence says, that "if we duly consider the characteristics of our times, we shall there find abundant reason for the fact that insanity has been increasing at a rate unparalleled in any former period. In every successive step that has led to a higher degree of civilization, in all the means and appliances for developing the mental resources of the race, in the ever-widening circle of objects calculated to inflame desire and impel to effort, we find so many additional agencies for tasking the mental energies, and thereby deranging the healthy equilibrium which binds the faculties together, and leads to an harmonious result. The press and the rostrum, the railway and the spinning-jenny, the steam-engine and the telegraph, republican institutions and social organisations, are agencies more potent in preparing the mind for insanity than any or all those vices and casualties which exert a more immediate and striking effect."\* Although this idea, that the increase of insanity in modern times, and in highly civilized states, is due to over-taxed mental effort, is most ingeniously and eloquently illustrated by the authority cited, particularly by a reference to the moral agencies affecting our go-ahead brethren in the United States, I am very

Increase of  
Insanity.

\* Dr RAY. Report of the Butler Asylum, U.S., Jan. 1843, p. 19.

much inclined to doubt his premises. I think the unparalleled increase of insanity is an assumption which requires proof before we attempt to explain it. I question whether insanity is more prevalent in America than it is in this and other civilised countries. The apparently greater frequency of insanity in the United States of America than in this country admits of a probable solution in the fact that there many cases are uniformly sent to Lunatic Asylums which, in nine cases out of ten, are treated at home in this country ;— such, in particular, are the cases of Delirium Tremens, which are but rarely sent to Asylums here, and as rarely, therefore, appear in our statistics. I question, too, whether insanity is actually on the increase of late years either in this country or America. We have no complete and trustworthy statistics shewing the number of insane in this country in former years. The admirable provision which has been made in our public hospitals for the treatment of the insane, and the attention which has been directed to the subject of late years, has led gradually to the more general practice of sending lunatics to Asylums at an early period of their illness, and they thus come to figure in our statistics, while in former years they would have recovered, or died at home, unchronicled. A number of idiots and imbeciles, and epileptics, of whom in former years no note was taken, are now, under the stringent provisions of our laws, either sent to Asylums, or otherwise provided for, and reported in our statistics. It is also, I think, very doubtful whether the moral causes referred to, deserve the very important place assigned to them. I suspect the great and important source of the evil lies in local, social, and physical causes acting upon the body, and producing a predisposition to insanity, which any active moral cause, common either to civilised or uncivilised life, would readily develope. Such predisposing causes are much more numerous in highly civilised than in less civilised states, but not more so now than fifty years ago, perhaps less so. Such are the deteriorations produced by intermarriages between those near of kin, the propagation of hereditary tendencies to insanity and scrofula, the diseased condition of the body, engendered by vicious and depravcd habits, and, perhaps to an extent to which we are at present not fully alive, atmospheric and local influences. An esteemed Danish writer, Dr Hubertz of

Copenhagen, has recently investigated the topography of insanity in Denmark, and shewn that the proportion of the insane to the population varies in different counties and parishes, and bears a uniform relation to the climate and exposure of the locality; and that in those districts which are sheltered from the north and east winds, and have a southern exposure, the insane are in the ratio of from one to two per thousand of the population; while in those localities which are high, and on the northern slopes of hills, and exposed to more inclement changes of weather, the ratio amounts to four, five, and more to every thousand\*—a ratio greatly exceeding among stolid Dutchmen, that found in the general population of the over-worked and ever-active Americans. May it not be hoped that a more extended and enlightened system of sanitary reform may diminish the frequency, not only of fevers and agues, and other bodily diseases, but also of that most distressing of all ailments, Mental Derangement?

The relative curability of the different forms of insanity, is shewn in the following table to be very nearly the same as in previous years.

TABLE VII.—*Form of Disease in those Discharged Cured.*

| FORM OF DISEASE.           | Males.    | Females.  | TOTAL.     |
|----------------------------|-----------|-----------|------------|
| Moral Insanity, . . . .    | 8         | 2         | 10         |
| Mania, Acute, . . . .      | 19        | 22        | 41         |
| Do. Chronic, . . . .       | 1         | 1         | 2          |
| Do. Puerperal, . . . .     | 0         | 2         | 2          |
| Delirium Tremens, . . . .  | 3         | 0         | 3          |
| Dementia, Acute, . . . .   | 3         | 2         | 5          |
| Do. Chronic, . . . .       | 5         | 2         | 7          |
| Do. with Epilepsy, . . . . | 2         | 0         | 2          |
| Melancholia, . . . .       | 8         | 6         | 14         |
| Monomania of Fear, . . . . | 4         | 3         | 7          |
| Do. Pride, . . . .         | 1         | 0         | 1          |
| Do. Suspicion, . . . .     | 2         | 3         | 5          |
| Do. Superstition, . . . .  | 2         | 0         | 2          |
| <b>TOTAL,</b> . . . .      | <b>58</b> | <b>43</b> | <b>101</b> |

As always happens, more than one-half of the cures were in cases

\* *Annales Medico-Psychologiques*, vol. xiv. p. 10.

sent to the Asylum within three months after the commencement of the disease. This is illustrated in the table which follows:—

TABLE VIII.—*Duration of Disease previous to Admission in those Discharged Cured.*

| DURATION OF DISEASE.     | Males.    | Females.  | TOTAL.     |
|--------------------------|-----------|-----------|------------|
| Under 1 month, . . . . . | 24        | 17        | 41         |
| Do. 3 do. . . . .        | 11        | 14        | 25         |
| Do. 6 do. . . . .        | 3         | 2         | 5          |
| Do. 1 year, . . . . .    | 5         | 1         | 6          |
| Do. 3 do. . . . .        | 2         | 0         | 2          |
| Do. 7 do. . . . .        | 1         | 0         | 1          |
| Unknown, . . . . .       | 12        | 9         | 21         |
| <b>TOTAL,</b> . . . . .  | <b>58</b> | <b>43</b> | <b>101</b> |

The next table shews the period of residence in the Asylum of those removed cured. It is gratifying to find so large a number as 21 recovered after an illness of more than one year's duration, and that a much smaller number than in former years were hurried out of the Institution prematurely, that is, within three months after their admission.

TABLE IX.—*Period of Residence of those Discharged Cured.*

| PERIOD OF RESIDENCE.     | Males.    | Females.  | TOTAL.     |
|--------------------------|-----------|-----------|------------|
| Under 1 month, . . . . . | 6         | 0         | 6          |
| Do. 2 do. . . . .        | 10        | 1         | 11         |
| Do. 3 do. . . . .        | 5         | 7         | 12         |
| Do. 6 do. . . . .        | 12        | 16        | 28         |
| Do. 9 do. . . . .        | 7         | 7         | 14         |
| Do. 1 year, . . . . .    | 6         | 3         | 9          |
| Do. 2 do. . . . .        | 9         | 7         | 16         |
| Do. 3 do. . . . .        | 3         | 1         | 4          |
| Do. 4 do. . . . .        | 0         | 1         | 1          |
| <b>TOTAL,</b> . . . . .  | <b>58</b> | <b>43</b> | <b>101</b> |

The causes of death are enumerated in the following table:—

TABLE X.—*Causes of Death.*

| CAUSE OF DEATH.                              | Males. | Females. | TOTAL. |
|----------------------------------------------|--------|----------|--------|
| General Paralysis, . . . .                   | 4      | 0        | 4      |
| Apoplexy, . . . .                            | 0      | 4        | 4      |
| Epilepsy, . . . .                            | 2      | 1        | 3      |
| Marasmus, . . . .                            | 1      | 0        | 1      |
| Maniacal Exhaustion, . . . .                 | 0      | 3        | 3      |
| Phthisis, . . . .                            | 10     | 19       | 29     |
| Pleuritis, . . . .                           | 3      | 0        | 3      |
| Pneumonia, . . . .                           | 1      | 0        | 1      |
| Bronchitis, . . . .                          | 0      | 1        | 1      |
| Morbus Cordis, . . . .                       | 2      | 0        | 2      |
| Pericarditis, with Pleuro-Pneumonia, . . . . | 1      | 0        | 1      |
| Dysentery, . . . .                           | 2      | 2        | 4      |
| Diarrhœa, . . . .                            | 1      | 2        | 3      |
| Sphacelus of Intestine, . . . .              | 1      | 0        | 1      |
| Abscess of Liver, . . . .                    | 0      | 1        | 1      |
| Diffuse Cellular Inflammation, . . . .       | 1      | 1        | 2      |
| Carcinoma, . . . .                           | 1      | 0        | 1      |
| TOTAL, . . . .                               | 30     | 34       | 64     |

Deaths 11.8 per cent., or 8.3 to whole number under treatment.

The deaths from consumption, although always forming a large proportion, were unusually large during the past year. Dysentery and Diarrhœa, which, for some years, were very prevalent in the Asylum, and very frequent causes of death, have been rare diseases comparatively during the last two years. Seven deaths, however, were caused by these affections during the year.

One of the deaths recorded was that of an amiable and useful member of our community who for some years had acted as librarian, and made himself generally useful in various literary and clerking operations. I notice his death, for the purpose of adding that it was the occasion of many tears, and much deep felt and unaffected grief, both among the patients and officers of the Asylum, and as showing how in a community, regulated as this one is, the best feelings of our nature may be fostered towards the objects of our care.

Several of the patients who died, had attained a considerable age,

and some of them had resided a good many years in the Asylum. These facts are illustrated in the tables which follow :—

TABLE XI.—*Ages of Patients Deceased.*

| AGES.                       |   | Males. | Females. | TOTAL. |
|-----------------------------|---|--------|----------|--------|
| From 10 to 20 years of age, | . | 0      | 2        | 2      |
| " 20 to 30                  | " | 6      | 7        | 13     |
| " 30 to 40                  | " | 7      | 7        | 14     |
| " 40 to 50                  | " | 10     | 7        | 17     |
| " 50 to 60                  | " | 3      | 6        | 9      |
| " 60 to 70                  | " | 2      | 3        | 5      |
| " 70 to 80                  | " | 2      | 2        | 4      |
| TOTAL,                      | . | 30     | 34       | 64     |

TABLE XII.—*Period of Residence of those Deceased.*

| PERIOD OF RESIDENCE. |   | Males. | Females. | TOTAL. |
|----------------------|---|--------|----------|--------|
| Under 2 days,        | . | 1      | 0        | 1      |
| " 3 "                | . | 0      | 1        | 1      |
| " 1 week,            | . | 1      | 1        | 2      |
| " 2 "                | . | 2      | 1        | 3      |
| " 2 months,          | . | 3      | 2        | 5      |
| " 3 "                | . | 2      | 1        | 3      |
| " 4 "                | . | 1      | 1        | 2      |
| " 6 "                | . | 2      | 1        | 3      |
| " 1 year,            | . | 4      | 3        | 7      |
| " 2 "                | . | 3      | 4        | 7      |
| " 3 "                | . | 2      | 6        | 8      |
| " 4 "                | . | 1      | 1        | 2      |
| " 5 "                | . | 1      | 4        | 5      |
| " 6 "                | . | 1      | 3        | 4      |
| " 7 "                | . | 1      | 0        | 1      |
| " 8 "                | . | 3      | 2        | 5      |
| " 9 "                | . | 1      | 1        | 2      |
| " 10 "               | . | 1      | 2        | 3      |
| TOTAL,               | . | 30     | 34       | 64     |

The very short period which several of the patients survived after their admission, will at once suggest what was indeed the case, that

they were in a dying condition when sent in. One man was labouring under general inflammation of the serous membranes of the lungs, the heart, and the bowels, brought on by lying out in the wet, and wandering about the country night and day. One was dying of cancer, he was 76 years of age, and expired a few days after admission. Another was labouring under a fatal attack of hæmoptysis, and two were epileptics, labouring under a succession of epileptic fits, in which they died.

Post-mortem examinations were permitted in 55 cases ; being a much large number than in any former year. They were made with much care, and the following are the results.

Of those examined, 5 had been cases of General Paralysis, 21 Dementia, 11 Monomania, 3 Acute Mania, 6 Melancholia, 2 Periodic Mania, 1 Chronic Mania, 2 Chronic Mania with Epilepsy, 1 Demonomania, 1 Senile Dementia, 1 Dementia with Epilepsy, and 1 Congenital Imbecility with Epilepsy.

*Calvarium* was of unusual thickness in 25 cases ; 10 of Dementia, 6 of Monomania, 2 of General Paralysis, 2 of Melancholia, 1 of Demonomania, 1 of Senile Dementia, 1 of Dementia with Epilepsy, 1 of Mania with Epilepsy, and 1 of Congenital Imbecility with Epilepsy.

*Absence of Diploe* was noticed in 19 cases ; in 10 of Dementia, 3 of General Paralysis, 2 of acute Mania, 1 of Monomania, 1 of Melancholia, 1 of Periodic Mania, and 1 of Senile Dementia.

*Calvarium* was thinner than usual in 8 cases ; in 3 of Dementia, 1 of General Paralysis, 1 of Melancholia, 1 of Monomania, 1 of Acute, and 1 of Chronic Mania.

*Ossific Deposit in the Dura Mater of the Falx Cerebri*, was observed in 1 case of General Paralysis.

Several small *Tumours on the Dura Mater*, were noticed in 1 case of Melancholia. They were of a gelatinous consistence, and situated on either side of the superior longitudinal sinus.

*Congestion of the Membranes* was present in 29 cases ; in 9 of Dementia, in 6 of Monomania, in 4 of General Paralysis, in 4 of Melancholia, in 2 of Acute Mania, in 1 of Demonomania, in 1 of Periodic Mania, in 1 of Mania with Epilepsy, and in 1 of Congenital Imbecility with Epilepsy.

*Effusion of Serum into the Sac of the Arachnoid*, was present in 32 cases ; in 9 of Dementia, in 7 of Monomania, in 3 of General Paralysis, in 3 of Melancholia, in 3 of Acute Mania, in 1 of Senile Dementia, in 1 of Demonomania, in 1 of Chronic Mania, in 1 of Periodic Mania, in 1 of Dementia with Epilepsy, in 1 of Mania with Epilepsy, and in 1 of Congenital Imbecility, with Epilepsy.

*Sub-Arachnoid Effusion* was present in 36 cases ; in 13 of Dementia, in 6 of Monomania, in 5 of General Paralysis, in 4 of Melancholia, in 3 of Acute Mania, in 1 of Chronic Mania, in 1 of Periodic Mania, in 1 of Senile Dementia, in 1 of Mania with Epilepsy, and in 1 of Congenital Imbecility, with Epilepsy.

*Effusion of Blood* beneath Arachnoid and into the cortical substance, in 1 case of Periodic Mania.

*Purulent Matter* was found in the sac of the Arachnoid in 1 case of Dementia.

*Opacity and Thickening of the Arachnoid*, was present in 40 cases ; in 15 of Dementia, in 7 of Monomania, in 5 of General Paralysis, in 3 of Melancholia, in 3 of Acute Mania, in 2 of Periodic Mania, in 2 of Mania with Epilepsy, in 1 of Senile Dementia, in 1 of Dementia with Epilepsy, and in 1 of Chronic Mania.

*Adhesion of Membranes to Calvarium*, was present in 10 cases ; in 3 of Dementia, in 3 of Monomania, in 1 of Melancholia, in 1 of Acute Mania, in 1 of Periodic Mania, and in 1 of Mania with Epilepsy.

*Adhesion of Membranes to Cortical Substance*, was present in 5 cases ; in 2 of Dementia, in 2 of General Paralysis, and in 1 of Melancholia.

*Congestion of the Hemispheres*, was present in 10 cases ; in 4 of Dementia, in 3 of General Paralysis, in 1 of Monomania, in 1 of Periodic Mania, and in 1 of Mania, with Epilepsy.

The *Gray Matter* was of a deep hue in 7 cases ; in 3 of Dementia, in 3 of General Paralysis, and in 1 of Demonomania.

The *Gray Matter* was pale in 12 cases ; in 6 of Dementia, in 3 of Monomania, in 2 of Melancholia, and in 1 of Acute Mania.

The *Gray Matter* was softened in 7 cases ; in 2 of General Paralysis, in 1 of Acute Mania, in 1 of Periodic Mania, in 1 of Demonomania, and in 2 of Melancholia.

The *White Matter* was softened in 5 cases ; in 2 of Dementia, and in 2 of Monomania, and 1 of General Paralysis.

The *Cerebral Substance* was noticed to be of increased density in 2 cases ; in 1 of Senile Dementia, and in 1 of Dementia, with Epilepsy.

The *lateral ventricle* of one side was full of blood in 1 case of Dementia.

*AEtheromatous Deposit* was found in the arteries of the brain, in 2 cases ; in 1 of Dementia, and in 1 of Mania with Epilepsy.

*Cysts* were found in the choroid plexuses in 10 cases ; in 2 of Monomania, in 2 of Melancholia, in 2 of Dementia, in 1 of General Paralysis, in 1 of Senile Dementia, in 1 of Chronic Mania, and in 1 of Dementia with Epilepsy.

*Chrystal-like Deposit* on the lining membranes of the lateral ventricles was observed in 10 cases ; in 4 of General Paralysis, in 3 of Monomania, in 2 of Dementia, and in 1 of Senile Dementia.

The *convolutions* were diminished in size in 3 cases ; in 1 of Dementia, in 1 of Senile Dementia, and in 1 of Dementia with Epilepsy.

The softening of the substance of the brain, mentioned above, was estimated by means of a column of water varying from 5 to 20 inches in height. In those cases where the substance of the brain was broken up and washed away, by allowing a continuous stream to flow from a glass tube containing such a column of water, upon any given point for a few seconds, it was regarded as *softened*.

Microscopic observations presented, in a few cases, granular exudations on the capillary vessels of the membranes.

The general results of the preceding observations may be summed up briefly, as follows :—

The most frequent morbid appearances were opacity of the Arachnoid, serous effusion into the sub-Arachnoid tissue and into the Arachnoid sac, with increased vascularity of the membranes. In General Paralysis these appearances were nearly constant, and were generally accompanied with morbid changes in the lining membrane of the ventricles, with softening of the grey matter, and, where there was not much effusion beneath the Arachnoid, with adhesion of the membranes to the grey matter. Most of the other morbid appearances enumerated appear to be the accidental concomitants of increased vascular action in the head.

The following table exhibits the weights of the principal organs.

TABLE XIII.—*Shewing the Weight (in ounces avoirdupois) of the Viscera, the Form of Mental Disease, and Cause of Death of those examined.*

## M A L E S .

| Age. | Form of Mental Disease.  | Cause of Death.  |                 |                 |                     |                  |                  |                  |                  |                  |  | Kidneys. |
|------|--------------------------|------------------|-----------------|-----------------|---------------------|------------------|------------------|------------------|------------------|------------------|--|----------|
|      |                          | Encephal.        | Cerebell.       | Pons, etc.      | Pons. and Med. Obl. | Right Lung.      | Left Lung.       | Heart.           | Liver.           | Spleen.          |  |          |
| 20   | Dementia, with Epilepsy, | 40               | 5 $\frac{1}{4}$ | 7 $\frac{1}{4}$ | 20                  | 25               | 8                | 57               | 7                | 11 $\frac{1}{4}$ |  |          |
| 22   | Dementia,                | 50 $\frac{1}{2}$ | 6               | ..              | ..                  | 68               | 18               | 53               | 4 $\frac{3}{4}$  | 9                |  |          |
| 22   | Acute Mania,             | 52               | 6 $\frac{3}{4}$ | 1               | 1 $\frac{1}{4}$     | 34               | 40               | 46               | 8                | 16               |  |          |
| 23   | Melancholia,             | 53               | 7               | 1 $\frac{1}{4}$ | 34                  | 40               | 9                | 46               | 5                | 12               |  |          |
| 24   | Cong. Imbec. and Epilep. | 48               | 6 $\frac{1}{2}$ | 1               | 55                  | 7 $\frac{1}{2}$  | 40               | 6                | 7                |                  |  |          |
| 26   | Dementia,                | 55 $\frac{1}{4}$ | 6 $\frac{3}{4}$ | 1               | 20                  | 22               | 8 $\frac{1}{2}$  | 56               | 10               | 93 $\frac{1}{4}$ |  |          |
| 32   | Melancholia,             | 54               | 6 $\frac{1}{4}$ | 1               | 41                  | 34 $\frac{1}{2}$ | 9                | 54               | 7 $\frac{1}{2}$  | 14 $\frac{1}{4}$ |  |          |
| 33   | Monomania of Suspicion,  | 49               | 6 $\frac{3}{4}$ | 1 $\frac{1}{4}$ | 31                  | 32               | 7 $\frac{1}{2}$  | 47               | 5 $\frac{1}{4}$  | 10 $\frac{1}{4}$ |  |          |
| 35   | Monomania of Suspicion,  | 47               | 6 $\frac{3}{4}$ | 1 $\frac{1}{4}$ | 26                  | 24               | 11 $\frac{1}{2}$ | 47               | 7                | 11               |  |          |
| 36   | Dementia,                | 56               | 7               | 1               | 22                  | 18               | 20               | 48               | 10               | 14               |  |          |
| 37   | Chron. Mania and Epilep. | 50               | 6 $\frac{3}{4}$ | 1 $\frac{1}{4}$ | 43                  | 11               | 37 $\frac{1}{2}$ | 2                | 8 $\frac{1}{2}$  |                  |  |          |
| 37   | General Paralysis,       | 44               | 6               | ..              | 36                  | 14               | 84               | ..               | 16               |                  |  |          |
| 38   | Melancholia,             | 50               | 6               | 1               | 42                  | 31 $\frac{1}{2}$ | 9                | 49               | 3 $\frac{3}{4}$  | 9 $\frac{1}{2}$  |  |          |
| 40   | Monomania of Suspicion,  | 56               | 6 $\frac{1}{2}$ | ..              | 36                  | 27               | 56               | 17               | 9                |                  |  |          |
| 41   | General Paralysis,       | 47 $\frac{3}{4}$ | 7               | 1 $\frac{1}{4}$ | 39 $\frac{1}{2}$    | 36 $\frac{1}{2}$ | 10               | 53               | 5                | 10 $\frac{1}{2}$ |  |          |
| 41   | Monomania of Suspicion,  | 53               | 7               | ..              | 23                  | 34               | 10               | 56               | 6                | 11 $\frac{1}{2}$ |  |          |
| 42   | Melancholia,             | 56               | 7               | ..              | 79                  | 9 $\frac{1}{2}$  | 47               | 6                | 9                |                  |  |          |
| 43   | General Paralysis,       | 51               | 6 $\frac{3}{4}$ | ..              | 69                  | 11 $\frac{1}{2}$ | ..               | 2 $\frac{1}{2}$  | 12 $\frac{1}{2}$ |                  |  |          |
| 44   | Dementia,                | 50               | 7 $\frac{1}{2}$ | 1 $\frac{1}{2}$ | 14                  | 14 $\frac{1}{2}$ | 7 $\frac{1}{2}$  | 34 $\frac{1}{2}$ | 4 $\frac{1}{4}$  | 9                |  |          |
| 44   | General Paralysis,       | 47               | 7 $\frac{1}{2}$ | 1 $\frac{1}{4}$ | 28 $\frac{1}{2}$    | 32 $\frac{1}{2}$ | 10               | 44               | 2                | 8                |  |          |
| 46   | Dementia,                | 52               | 5               | ..              | 22                  | 21 $\frac{1}{2}$ | 10 $\frac{1}{2}$ | 55               | ..               | 5                |  |          |
| 49   | Demonomania,             | 47 $\frac{1}{2}$ | 5 $\frac{1}{2}$ | 1 $\frac{1}{8}$ | 32                  | 52               | 10               | 47               | 8                | 11               |  |          |
| 54   | General Paralysis,       | 54 $\frac{1}{2}$ | 7               | ..              | 80                  | 11               | 42               | 5 $\frac{1}{4}$  | 12               |                  |  |          |
| 55   | Dementia,                | 48               | 6               | 1               | 28                  | 12 $\frac{3}{4}$ | 5 $\frac{3}{4}$  | 20 $\frac{3}{4}$ | 4 $\frac{1}{2}$  | 6 $\frac{1}{4}$  |  |          |
| 59   | Monomania of Fear,       | 50               | 6               | 1               | 28                  | 27 $\frac{1}{2}$ | 23               | 59               | 7 $\frac{1}{2}$  | 12 $\frac{1}{2}$ |  |          |
| 60   | Senile Dementia,         | 49               | 6 $\frac{1}{4}$ | 1 $\frac{1}{4}$ | 28 $\frac{1}{2}$    | 25               | 12               | 71               | 4                | 10 $\frac{1}{2}$ |  |          |
| 65   | Acute Mania,             | 52 $\frac{1}{2}$ | 7               | 1               | 54                  | 12               | 40               | 2                | 8 $\frac{1}{2}$  |                  |  |          |
| 76   | Monomania of Fear,       | 57 $\frac{1}{2}$ | 6 $\frac{1}{2}$ | ..              | ..                  | ..               | ..               | ..               | ..               | ..               |  |          |

## F E M A L E S .

| Age. | Form of Mental Disease. | Phthisis,        | 5 $\frac{1}{2}$ | ..              | 28               | 4 $\frac{1}{2}$  | 31               | 3 $\frac{1}{2}$  | 5 $\frac{1}{4}$  |                  |  |  |
|------|-------------------------|------------------|-----------------|-----------------|------------------|------------------|------------------|------------------|------------------|------------------|--|--|
| 14   | Melancholia,            | 39               | 5 $\frac{1}{2}$ | ..              | 25               | 23 $\frac{1}{2}$ | 6 $\frac{1}{4}$  | 41 $\frac{1}{2}$ | 5                | 8 $\frac{1}{4}$  |  |  |
| 19   | Aeute Mania,            | 39 $\frac{1}{2}$ | 4 $\frac{1}{2}$ | ..              | 32               | 16               | 9                | 52               | 8                | 10               |  |  |
| 22   | Dementia,               | 43 $\frac{1}{2}$ | 5               | 1               | 74               | 9                | 55               | 5 $\frac{1}{3}$  | 16               |                  |  |  |
| 24   | Dementia,               | 46               | 6               | ..              | 26               | 8 $\frac{1}{2}$  | 56               | 6 $\frac{1}{2}$  | 12 $\frac{1}{2}$ |                  |  |  |
| 25   | Dementia,               | 48               | 6 $\frac{1}{4}$ | ..              | 38               | 8                | 49               | 6                | 8                |                  |  |  |
| 26   | Dementia,               | 48               | 6               | ..              | 48               | 8                | 47               | 4                | 9                |                  |  |  |
| 28   | Monomania of Pride,     | 28 $\frac{1}{2}$ | 6               | ..              | 48               | 8                | 46 $\frac{3}{4}$ | 5                | 11               |                  |  |  |
| 29   | Dementia,               | 48               | 8               | ..              | 27 $\frac{1}{2}$ | 8                | 45               | 4                | 11               |                  |  |  |
| 31   | Acute Mania,            | 46               | 6               | 3 $\frac{3}{4}$ | 16 $\frac{1}{2}$ | 14               | 8                | 48               | 3 $\frac{1}{3}$  | 7 $\frac{1}{2}$  |  |  |
| 32   | Dementia,               | 49 $\frac{1}{4}$ | 6 $\frac{1}{4}$ | 1 $\frac{1}{4}$ | 65               | 7                | 54               | 7 $\frac{1}{4}$  | 9                |                  |  |  |
| 34   | Dementia,               | 41               | 6               | ..              | 21               | 14               | 9                | 38 $\frac{1}{2}$ | 4 $\frac{1}{4}$  | 8 $\frac{1}{2}$  |  |  |
| 35   | Dementia,               | 48 $\frac{1}{2}$ | 6               | 3 $\frac{1}{4}$ | 50               | 15               | 52               | 5                | 9 $\frac{1}{2}$  |                  |  |  |
| 38   | Dementia,               | 54               | 7               | ..              | 24 $\frac{1}{2}$ | 8 $\frac{1}{2}$  | 26 $\frac{1}{2}$ | 7                | 11 $\frac{1}{2}$ |                  |  |  |
| 39   | Dementia,               | 41 $\frac{1}{2}$ | 6               | 1               | 13 $\frac{3}{4}$ | 17               | 8 $\frac{1}{2}$  | 35               | 4                | 10 $\frac{1}{2}$ |  |  |
| 40   | Periodic Mania,         | 45               | 6               | 1 $\frac{1}{4}$ | 60               | 13               | 58               | 4 $\frac{1}{2}$  | 11               |                  |  |  |
| 40   | Monomania of Suspicion, | 46               | 5 $\frac{3}{4}$ | ..              | 34               | 27               | 8                | 53               | 6                | 9                |  |  |
| 42   | Monomania of Fear,      | 43               | 6               | 1               | 65               | 8 $\frac{1}{2}$  | 68               | 8 $\frac{1}{2}$  | 12               |                  |  |  |
| 44   | Monomania of Suspicion, | 44               | 6 $\frac{1}{2}$ | 1 $\frac{1}{2}$ | 20 $\frac{1}{2}$ | 15 $\frac{1}{2}$ | 8                | 30               | 7                | 8                |  |  |
| 48   | Periodic Mania,         | 44 $\frac{1}{2}$ | 6 $\frac{1}{4}$ | ..              | 31               | 12               | 44               | 3                | 7 $\frac{3}{4}$  |                  |  |  |
| 51   | Monomania of Suspicion, | 47               | 6 $\frac{1}{2}$ | 1               | 14               | 11 $\frac{1}{2}$ | 8                | 44               | ..               | ..               |  |  |
| 53   | Epileptic Mania,        | 41 $\frac{1}{2}$ | 5               | 1               | ..               | ..               | ..               | ..               | ..               | ..               |  |  |
| 55   | Melancholia,            | 39 $\frac{1}{2}$ | 5 $\frac{1}{2}$ | ..              | 40               | 10 $\frac{1}{2}$ | 39               | ..               | 8                |                  |  |  |
| 56   | Dementia,               | 48               | 6 $\frac{1}{2}$ | 1               | 21               | 19               | 6 $\frac{3}{4}$  | 29               | 4                | 8 $\frac{1}{2}$  |  |  |
| 58   | Dementia,               | 55               | 6               | ..              | 65               | 9                | 37               | 2 $\frac{1}{2}$  | 7                |                  |  |  |
| 65   | Dementia,               | 42 $\frac{1}{2}$ | 6               | 1               | 44 $\frac{1}{2}$ | 6 $\frac{1}{4}$  | 30               | 6 $\frac{1}{2}$  | 6 $\frac{1}{2}$  |                  |  |  |
| 69   | Dementia,               | 47               | 6               | 1               | 19               | 27               | 11 $\frac{1}{2}$ | 43               | 3 $\frac{1}{2}$  | 8 $\frac{1}{2}$  |  |  |
| 70   | Chronic Maina,          | 47               | 6 $\frac{1}{2}$ | 1               | 17               | 13               | 11               | 38 $\frac{1}{2}$ | 3 $\frac{3}{4}$  | 7 $\frac{1}{2}$  |  |  |

The treatment of the patients has not differed materially from Treatment. that hitherto pursued, either in principle or in detail. The medical treatment has been continued, as in former years, on those great principles which now regulate the best managed asylums, namely, the removal when it is possible of those local diseases which may be the exciting or predisposing cause of the insanity, the improvement of the general health, and, in a great majority of cases, the use of a generous diet. In cases of acute mania, the greatest benefit <sup>Prolonged Baths.</sup> has been found from the use of the prolonged warm bath, accompanied by cold effusion on the head. The benefit resulting from this method of treatment in some cases has been very striking. In one patient who was extremely violent, the attack appeared to be cut short in two days by its employment. He suddenly recovered, and never exhibited any symptoms of relapse, or any indications of mental weakness, incoherence, or delusion, consequent upon the acute attack. In another case of recurrent mania, accompanied with great excitement and violence, when five distinct relapses took place at short intervals, each attack seemed to be cut short by the means referred to, and the patient recovered perfectly. I am strongly impressed with the conviction, that in such cases, it is a most valuable sedative, and by abbreviating the duration of the acute symptoms, it diminishes the risk of the patient passing into a state of imbecility, a common result of prolonged mania.

In several of the cases occurring at an early age in both sexes, the disease, brought on probably by the changes occurring in the system on the approach of puberty, underwent a spontaneous cure, as puberty was fully developed.

In several instances, the sudden change of surrounding objects and persons, and the moral impression occasioned by being brought into an Asylum, appeared in themselves to have an immediate effect in producing a temporary, and in one or two cases, a permanent cure of the disease.

The hygienic and moral treatment continues to be pursued with all the vigour of former years, and continues to afford equally gratifying results.

The account of works executed by the inmates appended to this <sup>Work of In-</sup> Report, exceeding in amount even that of preceding years, will <sup>mates.</sup>

sufficiently attest the activity which has pervaded this department of our operations. No single agent is, I think, more beneficial in the cure or alleviation of chronic cases of insanity than active employment ; particularly in the open air. Independent of its curative agency, nothing conduces more to the general tranquillity and happiness of such a community, as general occupation at some industrial work, and I think I may venture to say that all who could be induced by attention, tact, and discipline to engage in work of some kind, have had their hands employed during the past year. The improvement of the ground by trenching, levelling, planting, and the usual cropping operations under the Gardener, has formed an ample amount of open air occupation to about 80 of the male patients. Shoemaking, tailoring, carpenter, blacksmith, plumber, glazier, painter, and printer's work, has given a very large amount of remunerative labour to many others, under the superintendence of the Master of Works ; and oakum picking, and the wheel barrows afforded occupation even to the most imbecile.

The females have been equally active, as the record furnished by the Matron will attest. But I venture to hope, that if we should be furnished with a new washing house and laundry, and a general workroom, the work done in this department would even yet be greatly increased.

**Library.** The number of volumes in our library continues, by the kindness of friends, slowly to accumulate, and with the large amount of newspapers and periodicals now received, to afford a constant source of intellectual improvement and recreation to the inmates.

**Amusements.** Our weekly ball at the western house, and evening parties at the eastern, have been varied by occasional lectures and exhibitions. Of these I may mention a lecture on the microscope, illustrated by interesting specimens, and one on the magic lantern, in which the objects principally commented on were the heavenly bodies, this was followed by a demonstration of Saturn with his rings, seen through a powerful telescope. Very recently Mr Templeton kindly gave a lecture on National melodies, illustrated by many of his favourite songs. Small parties have regularly attended the various places of public amusement afforded by the City--the lectures delivered at the Philosophical Institution--the numerous concerts

given during the season—Pablo Franque's circus—M. Robin's clever exhibition, and others. These and similar entertainments have been a source of great enjoyment, and have contributed more or less to the cure of many of the inmates.

During the past year out-door games, particularly cricket and bowls, and excursions to the country afforded much happy and beneficial exercise to the patients, and were continued with even more than former activity and frequency. The places chiefly visited were, Hawthornden, Roslin Chapel and Castle, the two rival Habbie's Howes, the Grounds of Hopetoun House, Barnbougal Castle, and several sites on the Pentland Hills, where, on many occasions, large parties went and enjoyed free scope for dancing, leaping, racing, cricket, and other manly sports.

Considerable improvements have been effected both in the Eastern and Western Departments ; in the former, in painting and furnishing, and in the latter in improved ventilation and re-painting. The erection of a new boiler, and, in particular, in the completion of the range of workshops according to the original design of the Asylum, and by which the various trades will now be brought together, and subject to a more efficient and immediate superintendence.

I beg to conclude, by expressing my conviction that the Asylum is at the present time in a very efficient state, and in good working order, in all departments, and that the various officers, attendants, and servants, have, during the past year, discharged their duties in such a manner as to keep up, if not to increase its reputation, and importance as a great benevolent Institution.

DAVID SKAE, M.D.

## CHAPLAIN'S REPORT.

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THE few remarks that it may be necessary to offer respecting the things which come under the notice of the Chaplain, must be similar to those that have been made on former occasions, and it is well that they need not be less favourable. In such an institution, when matters are in a proper state, and conducted with quietness and regularity, the events of one year can differ very little from those of the preceding: so that much variety can scarcely be either anticipated or desired.

Throughout the past year the religious services of the Sabbath have been truly gratifying, both with respect to the numbers who were present, and that devout and respectful behaviour, which are alike suitable to the occasion, and the solemn and important duties in which they profess to engage. This is particularly noticed by the Clergymen who conducted the services in room of the Chaplain: and whilst those who have kindly done so, uniformly expressed themselves in strong terms of approbation, they who, for the first time, have officiated in the Asylum, were much pleased and satisfied. Indeed, they have often said that what came under their observation, modified their views very much with regard to such places, and relieved their minds of erroneous impressions which they had formerly entertained. The satisfaction on such occasions is mutual: and the kindness and appropriate instructions of these gentlemen have been duly felt and appreciated.

There can be no doubt that the observance of such ordinances will always produce a happy effect, when it is done in a proper way. Preaching of the word is a most important instrument in the Providence of God, in supporting the spirits of his people, and it is peculiarly adapted to the condition of those who are special objects of sympathy and regard, because of the trials with which they are visited during their pilgrimage on earth. The truths of the Bible must be set forth fully and plainly: and it is proper to speak fre-

quently of the exceeding riches of the divine grace and mercy, as exemplified through the ~~service~~ and the mission of the Holy Spirit : and to place, in a prominent point of view, the enduring provision announced by the Gospel : the loving-kindness and the wonderful compassion of God. But it is also necessary to insist on the performance of these duties which are the evidence of true faith in the Redeemer ; and to beware of advancing anything that might diminish the conviction or influence of a moral responsibility ; and sometimes to discourse of righteousness, temperance, and the certainty of a judgment to come. As far as possible every allusion must be avoided which may be construed in such a manner, as to bear an interpretation of a sectarian or controversial kind, whether favourable or the reverse. Offence may be sometimes taken when it is not intended, but when the congregation is so varied, it is right to observe all caution. And it is pleasant to see Christians of very different views and persuasions, and even some who may adhere to the Jewish faith, assembling together to worship the living God. They do so with the full concurrence and approbation of their nearest relations, and it is to be hoped they may be able to say in sincerity, "This is none else than the house of God, surely this is the way to heaven."

Among those who have been visited with severe distress, and those who have been removed by death, a very general desire has been manifested after these consolatory truths which are suitable to such cases, and there have been some instances of singular patience and resignation to the Divine will. Their sufferings were long, and at times acute, but whilst sense and consciousness remained, they listened with marked attention to the prayers which were offered up, and the words of comfort that were spoken, casting all their cares upon Him who died for his people, and rose again ; recollecting that their future welfare was the object of his best earthly care, and assured that those who fall asleep in Jesus, will rise in righteousness. The attendance at prayers in the chapel in the mornings of week days has been steady, and the conduct of those present, highly decorous. This affords the most satisfactory proof of the benefits resulting from such services, and the good consequences to be expected from their observance.

During the year, tracts have been occasionally received from

people friendly to the Institution, and read with interest and advantage. Such publications may often yield gratification and do good, which works of a larger size might fail to accomplish. The Religious Tract Society have always been ready to respond to any application.

It affords me much pleasure to bear testimony in favour of the general conduct of the inmates of the Institution. There is a strong desire on the part of those who occupy more responsible positions, to co-operate in what is right, and carry on such objects as may promote its best interests. By the exercise of kindness and forbearance, their hands are mutually strengthened, and much comfort diffused. And they who are in places implying less accountability, continue to conduct themselves in a manner alike prudent and proper. Their behaviour is respectful and correct, and they not only show attention to their various occupations, but a due regard to the duties of morality and religion.

ROB. LORIMER, *Chaplain.*

## WESTERN DEPARTMENT.

## EASTERN DEPARTMENT.

## ARTICLES.

## FOR QUARTERS ENDING—

TOTAL  
IN  
W. D.

## FOR QUARTERS ENDING—

TOTAL IN BOTH  
DEPARTMENTS.

Mar. 31. June 30. Sept. 30. Dec. 31.

Mar. 31. June 30. Sept. 30. Dec. 31.

Lbs. oz. Lbs. oz. Lbs. oz. Lbs. oz.

Lbs. oz. Lbs. oz. Lbs. oz. Lbs. oz.

1468 .. 471 .. 492 .. 490 ..

14536 .. 4641 .. 4986 .. 4836 ..

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2531 .. 2497 .. 2732 8

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554 .. 571 8

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51 8 102 8

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1820 .. 1568 .. 2016 ..

1820 .. 1568 .. 2016 ..

18 .. 24 .. 18 ..

18 .. 24 .. 18 ..

42 .. 56 .. 56 ..

42 .. 56 .. 56 ..

70 .. 70 .. 56 ..

70 .. 70 .. 56 ..

61 8 37 8

61 8 37 8

150 .. 90 .. 136 ..

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| ARTICLES.         | WESTERN DEPARTMENT.  |          |           |          | EASTERN DEPARTMENT.  |          |           |          | TOTAL IN BOTH DEPARTMENTS. |      |       |                   |
|-------------------|----------------------|----------|-----------|----------|----------------------|----------|-----------|----------|----------------------------|------|-------|-------------------|
|                   | FOR QUARTERS ENDING— |          |           |          | FOR QUARTERS ENDING— |          |           |          | TOTAL IN E. D.             |      |       |                   |
|                   | Mar. 31.             | June 30. | Sept. 30. | Dec. 31. | Mar. 31.             | June 30. | Sept. 30. | Dec. 31. | 2                          | 9    | 35    | Apples.           |
| Apples,           | ...                  | ...      | ...       | ...      | ...                  | ...      | ...       | ...      | 2                          | 9    | 35    | Apples.           |
| Apricots,         | ...                  | ...      | ...       | ...      | 76                   | 3        | 79        | 4        | 9                          | 9    | 114   | Apricots.         |
| Beans,            | ...                  | ...      | ...       | ...      | ...                  | 4        | 28        | 3        | ...                        | ...  | 65    | Beans.            |
| Beetroot,         | ...                  | ...      | ...       | ...      | 180                  | 180      | 217       | 438      | ...                        | ...  | 1315  | Beetroot.         |
| Brocoli,          | ...                  | ...      | ...       | ...      | ...                  | ...      | 2         | ...      | ...                        | ...  | 34    | Brocoli.          |
| Brussels Sprouts, | ...                  | ...      | ...       | ...      | ...                  | 666      | 1630      | 6        | 32                         | 34   | 2008½ | Brussels Sprouts. |
| Cabbage,          | 40                   | 181      | 743       | ...      | ...                  | ...      | 92        | 18½      | 96                         | ...  | 10    | Cabbage.          |
| Ditto Pickling,   | ...                  | ...      | 749       | 80       | ...                  | 1739     | 410       | 2        | ...                        | ...  | 2568  | Ditto Pickling    |
| Carrots,          | 910                  | ...      | 1356      | ...      | 1                    | 1356     | ...       | 150      | 1566                       | 66   | 63    | Carrots.          |
| Cauliflower,      | ...                  | ...      | ...       | ...      | ...                  | 1        | 35        | ...      | 27                         | 156  | 3228  | Cauliflower.      |
| Celery,           | ...                  | ...      | ...       | ...      | ...                  | ...      | ...       | ...      | ...                        | 1872 | heads | Celery.           |
| Cherries,         | ...                  | ...      | ...       | ...      | ...                  | ...      | ...       | ...      | ...                        | ...  | 6     | Cherries.         |
| Cresses,          | ...                  | ...      | ...       | ...      | ...                  | ...      | ...       | ...      | ...                        | ...  | 300   | Cresses.          |
| Cucumbers,        | ...                  | ...      | ...       | 29       | ...                  | 29       | 74        | ...      | ...                        | ...  | 31    | Cucumbers.        |
| Currants,         | ...                  | ...      | 74        | ...      | ...                  | 329      | 43        | 10       | ...                        | ...  | 149   | Currants.         |
| Gooseberries,     | 185                  | 144      | ...       | ...      | ...                  | ...      | ...       | ...      | ...                        | ...  | 311   | Gooseberries.     |
| Greens,           | ...                  | ...      | ...       | ...      | ...                  | ...      | ...       | ...      | ...                        | ...  | 383   | Greens.           |
| Kidney Beans,     | 993                  | 1140     | ...       | 62       | ...                  | 2195     | 269½      | 171      | ...                        | ...  | 267½  | Kidney Beans.     |
| Leeks,            | ...                  | ...      | ...       | ...      | ...                  | ...      | ...       | 58       | ...                        | ...  | 58    | Leeks.            |
| Lettuce,          | ...                  | ...      | ...       | ...      | ...                  | ...      | ...       | 58       | ...                        | ...  | 78    | Lettuce.          |
| Onions,           | 17                   | ...      | 1835      | ...      | 46                   | 63       | 36        | 5        | ...                        | ...  | 141   | Onions.           |
| Ditto,            | ...                  | 300      | ...       | 365      | 660                  | 2795     | ...       | 129      | 524                        | ...  | 3768  | Ditto.            |
| Parsley,          | ...                  | ...      | ...       | ...      | 315                  | 680      | 53        | 56       | 194                        | ...  | 1208  | Parsley.          |
| Pears,            | ...                  | ...      | ...       | ...      | ...                  | ...      | ...       | ...      | ...                        | ...  | 9½    | Pears.            |
| Plums,            | ...                  | ...      | ...       | ...      | ...                  | ...      | ...       | ...      | ...                        | ...  | 19    | Plums.            |
| Pease,            | ...                  | ...      | ...       | 386      | ...                  | 386      | ...       | ...      | 185                        | ...  | 571   | Pease.            |
| Parsnips,         | ...                  | ...      | ...       | 11       | 11                   | ...      | ...       | ...      | ...                        | ...  | 19    | Parsnips.         |
| Potatoes,         | 2790                 | 2054     | 1843      | 1677     | 8364                 | 805      | 556       | 6        | 409                        | 704  | 10838 | Potatoes.         |
| Radish,           | ...                  | 2        | 65        | ...      | ...                  | 157      | 786       | 83       | 164                        | 71   | 6     | hundreds Radish.  |
| Rhubarb,          | ...                  | 92       | ...       | 38       | 1                    | 14½      | 47½       | 112      | ...                        | 70½  | 235   | Rhubarb.          |
| Savoys,           | 438                  | 310      | ...       | 3        | 1                    | 14½      | 14½       | 112      | ...                        | 63   | 264   | Savoys.           |
|                   | 13                   | 13       | 13        | 3        | 1                    | 14½      | 14½       | 112      | ...                        | 112  | 112   | Savoys.           |